

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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4		/		/		
5		4		1		
6		①		①		
7		①		①		
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12		⑧		①		
13		⑧		①		
14		①		/		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	18	↓	15	↓		↓
TOTAL CLAIMS	23		20			

	IND.		DEP.		IND.		DEP.	
51								
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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS								